

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII

## LOBBYIST REGISTRATION FORM

|                          | (Type or Pr  | int Cleany) |              |  |  |  |
|--------------------------|--------------|-------------|--------------|--|--|--|
| PART I LOBBYIST          |              |             |              |  |  |  |
| NAME(Last)               | (First)      | (Middle)    | TELEPHONE    |  |  |  |
| MORRIS                   | GEORGE "RED" | Α.          | 808/531-4551 |  |  |  |
| MAILING ADDRESS (Street) |              |             | FAX          |  |  |  |
| 222 SOUTH VINEYARD STR   | 808/533-4601 |             |              |  |  |  |
| (City)                   | (State)      | (Zip        | (Zip Code)   |  |  |  |
| HONOLULU                 | HAWAII       | 96813       | 96813-2453   |  |  |  |
| EMPLOYING ORGANIZATION   | TELEPHONE    |             |              |  |  |  |
| CAPITOL CONSULTANTS OF   | 808/531-4551 |             |              |  |  |  |
| MAILING ADDRESS (Street) |              |             | FAX          |  |  |  |
| 222 SOUTH VINEYARD STR   | 808/533-4601 |             |              |  |  |  |
| (City)                   | (State)      | (Zip        | (Zip Code)   |  |  |  |
| HONOLULU                 | HAWAII       | 968         | 96813-2453   |  |  |  |
|                          |              |             |              |  |  |  |

| NAME OF ORGANIZATION YOU   | TELEPHONE 917-522-3250 |                        |  |
|--|------------------------|------------------------|--|
| ENTERTAINMENT SOFTWARE A   | ASSOCIATION            |                        |  |
| MAILING ADDRESS (Street)   | FAX 917-522-3258       |                        |  |
| 317 MADISON AVENUE, 22 <sup>ND</sup> FL  | OOR                    |                        |  |
| (City)   | (State)                | (Zip Code)             |  |
| NEW YORK   | NY                     | 10017                  |  |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |                        | TELEPHONE 808-531-4551 |  |
| MELODY BUTAY DACANAY   |                        |                        |  |
| MAILING ADDRESS (Street)   |                        | FAX 808-533-4601       |  |
| 222 SOUTH VINEYARD STREET  | SUITE 401              |                        |  |

| (City)  | (State)                                | (Zip Code)  |  |
|---|--|---|--|
| HONOLULU  | ні                                     | 96813-2453  |  |
|   |  |   |  |
| PART III DESCRIPTION                            | OF SUBJECTS UPON WHIC                  | H YOU EXPECT TO LORBY                                     |  |
| TAKI III DEGOKII HOK                            | O GODDEOTO O ON WING                   | TOO EXI EOT TO EODBT                                      |  |
| [ ] Agriculture                                 | [ ] Education                          | [ ] Human Services  | [ ] Science, Technology & Economic Development |
| [ ] Communications & Public Utilities           | [X] Government Operations<br>& Finance | [X] Intergovernmental Relations,<br>International Affairs | [ ] Tourism & Recreation                       |
| [ ] Consumer Protection & Commerce              | [ ] Hawaiian Affairs                   | [ ] Labor & Employment                                    | [ ] Transportation                             |
| [X] Culture, Arts, Historic<br>Preservation     | [ ] Health                             | [ ] Planning, Land & Water<br>Use Management              | Other: (indicate below)                        |
| [ ] Ecology, Energy<br>Environmental Protection | [] Housing                             | [ ] Public Safety & Corrections                           |  |
| 18.90   |  |   |  |
|   | ON OF LOBBYIST                         |   |  |
| I hereby certify that th                        | e information furnished above          | is, to the best of my knowledge                           | c, correct and complete.                       |
|   | (Solvature of Lobbyist)                |   | (Dake)   |
|   |  |   | (- 4-7)  |
| PART V AUTHORIZATI                              | ON TO LOBBY                            |   |  |
| NAME  |  | TITLE OF AUTHORIZING OFFIC                                | ER OR PERSON REPRESENTED                       |
| GAIL MARKELS                                    |  |   | ENT/GENERAL COUNSEL                            |
| NAME OF ORGANIZATION (if applicable)            |  |   | ELEPHONE 917-522-3250                          |
| ENTERTAINMENT SOFTWARE                          | ASSOCIATION                            |   |  |
| MAILING ADDRESS (Street)                        |  |   | AX 917-522-3258                                |
| 317 MADISON AVENUE, 22 <sup>ND</sup> F          | LOOR                                   |   |  |
| (City)  | (State)                                | (Zip Cod  | de)  |
| NEW YORK  | NY                                     |   |  |
| I hereby authorize the                          | above - named person to eng            | age in lobbying activities on be                          | half of the undersigned.                       |
| (Sign   | ature of Authorizing Officer or Person | Represented)  | (Date)   |
|   |  |   |  |